Despite the initial high blood sugar that occurs in some cases, there is depletion of liver and heart glycogen, probably due to glycogen mobilisation during the initial shivering and later muscular rigidity. There is also evidence of adrenal damage (Crosse-Brockhoff, 1950). Intravenous infusions of glucose and hydrocortisone should, therefore, be made. Thyroid extract should only be given to those cases where hypothermia complicates myxœdema, and digitalis is best avoided because of the danger of ventricular fibrillation.

Summary.

A case of accidental hypothermia is reported. The diagnosis may be overlooked unless a low-reading thermometer is used. Certain precipitating causes are usually evident and a social history may be informative. In the treatment, slow rewarming is indicated if the period of hypothermia is longer than a few hours. Supportive measures to combat hypoglycæmia and adrenal failure are indicated. It is probable that the condition is commoner than is generally recognised.

We wish to thank Dr. J. Evans for seeing this patient and giving his advice.

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REVIEW

MANUAL OF CHEST CLINIC PRACTICE IN TROPICAL AND SUB-TROPICAL COUNTRIES. By A. J. Benatt, M.D. (Pp. vii+100; illustrated. 10s. 6d.) London and Edinburgh: E. and S. Livingstone.

Benatt spent the years 1950-1956 abroad working for W.H.O. in Thailand and Tunisia. He found that success depended largely on detail, and this book is concerned chiefly with precise instructions for dealing with the organization of chest clinics and techniques for sputum collection and examination, tuberculin testing, B.C.G. vaccination, and simple laboratory procedures. The information is clearly presented, but will be of limited interest and little originality to workers in this country.